

**Community Development  
Building Safety Division**  
One City Plaza  
Office: 928-373-5163  
Fax: 928-373-5164



**MECHANICAL PERMIT  
APPLICATION**  
Inspection Line 928-373-5170  
Call Before 3pm for next day inspection,  
Excludes Holidays and Weekends.

Job Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Fax: \_\_\_\_\_  
**INSPECTION DATE:** \_\_\_\_\_

Class of Work ☐ Residential ☐ Commercial

1. Is this a change out of the same size equipment Yes ☐ No ☐
2. What is the new equipment size? \_\_\_\_\_
3. What type? Split ☐ Package ☐
4. Is the old equipment on the Ground ☐ Roof ☐
5. Is the new equipment on the Ground ☐ Roof ☐
6. Where does condensate line drain? French Drain Wet Lav Tail Piece Mop Sink  
*Circl One*
- Other, Please Be Specific:* \_\_\_\_\_
7. Where is electrical disconnect? \_\_\_\_\_
8. Is electrical service sufficiently sized to serve equipment? Amp \_\_\_\_\_ Voltage \_\_\_\_\_
9. If furnace installed, is it gas? Yes ☐ No ☐
- a. Is gasline existing or new? \_\_\_\_\_

**IF APPLICABLE:**  
☐ Condensor Only  
☐ A/H Only

**10. Draw a plan showing:** A. Location of Unit C. Location of Condensate drain if applicable.  
B. Disconnect D. Location & size of gas meter line.

**NOTE:** Commercial systems require outdoor ventilation air per IMC Table 403.3.

**NOTE:** Commercial return air systems over 2,000 cfm require return air smoke detectors and controls operation / supervision per IMC 606. Field test required.